

	Clinical Protocol: Specialty Referral		SUBDEPARTMENT: N/A
	POLICY NO.	ORIGINAL EFFECTIVE DATE: 12/01/2019	REVIEWED/REVISED DATE(S): 11/15/2023, 03/6/2024
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TITLE OF POLICY: Allergy and ENT Referral for Allergic Rhinitis			

PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for allergy or ENT referral for Allergic Rhinitis.

INDICATIONS

Clinical Indications for Referral:

Allergy and immunology referral for evaluation or management of **1 or more** of the following:

- Adverse effects of pharmacotherapy
- Allergy testing being considered
- Coexistent asthma
- Coexisting chronic or recurrent sinusitis
- Failure to respond to pharmacotherapy
- History of 2 or more episodic treatments with systemic steroids
- Nasal polyps
- Occupational allergic rhinitis
- Rule out other conditions that may mimic allergic rhinitis, including **1 or more** of the following:
 - Aspirin sensitivity
 - Drug-induced rhinitis (eg, ACE inhibitor, alpha receptor antagonist, NSAID)
 - Eosinophilic granulomatosis with polyangiitis
 - Nonallergic rhinitis with eosinophilia syndrome
 - Rhinitis medicamentosa (ie, rebound nasal congestion from overuse of nasal decongestant sprays or cocaine)
 - Vasomotor rhinitis

Otorhinolaryngology referral for evaluation or management of 1 or more of the following:

- Bloody or blood-tinged nasal discharge (eg, suspected neoplasm)
- Coexistent chronic or recurrent sinusitis
- Coexistent inability to smell (ie, anosmia)
- Coexistent inability to taste (ie, ageusia)
- Coexistent or recurrent otitis media
- Coexistent sleep disturbance affecting quality of life
- Hypertrophy of inferior turbinate unresponsive to medical therapy
- Nasal polyps
- Orofacial deformities
- Rule out other conditions that may mimic allergic rhinitis, including **1 or more** of the following:
 - Cerebrospinal fluid leak causing rhinorrhea (eg, recent head trauma or surgery)
 - Ciliary dyskinesia syndrome (ie, Kartagener syndrome)
 - Granulomatosis with polyangiitis
 - Nonallergic rhinitis with eosinophilia syndrome
 - Rhinitis medicamentosa (ie, rebound nasal congestion from overuse of nasal decongestant sprays or cocaine)
 - Vasomotor rhinitis
 - Septal deviation

RECOMMENDED RECORDS

- Clinical notes describing the member's signs and symptoms and conservative management attempted, e.g., nasal steroids
- Consult notes (if obtained) by ENT

CITATION

MCG Care Guidelines 27th Edition, 2/28/2023 <https://www.mcg.com/client-resources/news-item/mcg27th-edition-care-guidelines>